Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID:

FACILITY:

COUNTY:

DISTRICT:

LOCATION:

16256

American Energy Corp Century Mine 43521 Mayhugh Hill Rd Twp Hwy 88 Beallsville, OH 43716

Belmont SEDO

STATUS:

Original

PERMIT NUMBER: STATION CODE: MONITORING PERIOD: REPORTING LAB:

0IL00091*GD

2008-06-01 To: 2008-06-30 Tra-Det Inc. Laura K. Wright

ANALYST: NO DISCHARGE INDICATOR:

| PARAMETER | Total Suspended Solids | Nitrogen, Ammonia (NH3) | Chlorine, Total Residual | CBOD 5 day | Fecal Coliform | | |
|---|--|---|-----------------------------|-------------|------------------------------------|-------------------------|------------|
| PARAMETER CODE | 00530 | 00610 | 50060 | 80082 | 31616 | | |
| UNITS | 4106 | 4106 | 4106 | 4106 | 6654 | | |
| FREQUENCY | 1 / 2 Weeks | 1 / 2 Weeks | 1 / 2 Weeks | 1 / 2 Weeks | 1/Month | | |
| SAMPLING TYPE | Grab | Grab | Grab | Grab | Grab | | |
| 2008-06-01 | | | AN | | | | |
| 2008-06-02 | | | 0 | | | · | |
| 2008-06-03 | | | 0 | | | | |
| 2008-06-04 | AA 4 | 2.9 | 0 | 1 | | | |
| 2008-06-05 | | | 0 | |] | | |
| 2008-06-06 | | | 0 | | | | |
| 2008-06-07 | | | AN | | | | |
| 2008-06-08 | | | AN | | | | |
| 2008-06-09 | | | 0 | | | | |
| 2008-06-10 | | | 0 | | | | |
| 2008-06-11 | | | 0 | | 20000 | | |
| 2008-06-12 | | | 0 | | | | |
| 2008-06-13 | | | 0 | | | | |
| 2008-06-14 | | | AN | | Ī | | |
| 2008-06-15 | | | AN | | | | |
| 2008-06-16 | | | 0 | | | | |
| 2008-06-17 | 1 | | 0 | | | | |
| 2008-06-18 | | | 0 | | | | |
| 2008-06-19 | 1 | | 0 | | | | |
| 2008-06-20 | | | 0 | | | | |
| 2008-06-21 | | | AN | | | | |
| 2008-06-22 | | | AN | | | | |
| 2008-06-23 | | | 0 | | | | |
| 2008-06-24 | | | 0 | | | | |
| 2008-06-25 | AA 4 | 0.32 | 0 | 1.8 | | | |
| 2008-06-26 | | | 0 | | | | |
| 2008-06-27 | 1 | | 0 | | | | |
| 2008-06-28 | | | AN | | | | |
| 2008-06-29 | | | AN | | | | |
| 2008-06-30 | | | 0 | | | | |
| Minimum | 0.0 | 0.32 | 0.0 | 1.0 | 20000.0 | | |
| Maximum | 0.0 | 2.9 | 0.0 | 1.8 | 20000.0 | | |
| Average | 0 | 1.61 | 0 | 1.4 | 20000 | | |
| Count | 2 | 2 | 21 | 2 | 1 | | |
| Name of Responsible Officia or Authorized Representative | l certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the | | | | Signature of Responsibl Represo | Submission Date/Time | |
| Adam Hartley | submitted information | on is true, accurate and co for submitting false infor | mplete. I am aware that | there are | | | 2008-07-17 |

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